

Filing at a Glance

Company: Old Republic Insurance Company

Product Name: WC Item Filings

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rule

SERFF Tr Num: LDDX-125244730 State: Arkansas

SERFF Status: Closed

Co Tr Num: WC AR0024001R09

Co Status:

Author: SPI ORChicago

Date Submitted: 07-26-2007

State Tr Num: AR-PC-07-025619

State Status:

Reviewer(s): Betty Montesi, Carol
Stiffler, Brittany Yielding

Disposition Date: 07-30-2007

Disposition Status: Approved

Effective Date (New): 07-01-2008

Effective Date (Renewal):

Effective Date Requested (New): 07-01-2008

Effective Date Requested (Renewal):

General Information

Project Name: WC Item Filings

Project Number: WC AR0024001R09

Reference Organization:

Reference Title:

Filing Status Changed: 07-30-2007

State Status Changed: 07-30-2007

Corresponding Filing Tracking Number:

Filing Description:

Old Republic Insurance Company wishes to adopt NCCI Item Filing 01-AR-2007 effective July 1, 2008.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Company and Contact

Filing Contact Information

Patricia Wynne, Compliance Coordinator

307 N. Michigan Avenue

Chicago, IL 60601

pwyne@oldrepublic.com

(312) 762-4540 [Phone]

(312) 762-4950[FAX]

Filing Company Information

Old Republic Insurance Company

307 N. Michigan Avenue

Chicago, IL 60601

(312) 762-4800 ext. [Phone]

CoCode: 24147

Group Code: 150

Group Name:

FEIN Number: 25-0410420

State of Domicile: Pennsylvania

Company Type:

State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic Insurance Company	\$25.00	07-26-2007	14789505

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	07-30-2007	07-30-2007

Disposition

Disposition Date: 07-30-2007

Effective Date (New): 07-01-2008

Effective Date (Renewal):

Status: Approved

Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Old Republic Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Overall Percentage of Last Rate Revision:

0.000%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Old Republic Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	07-30-2007
Comments:	included		
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status: Approved	07-30-2007
Bypass Reason:	N/A		
Comments:			
Bypassed -Name:	NAIC loss cost data entry document	Review Status: Approved	07-30-2007
Bypass Reason:	N/A		
Comments:			